WISCONSIN DEPT OF NATURAL RESOURCES

STATE OF WISCONSIN Chapter 291, Wis. Stats. Form 4400-66

Rev. 1-99

ALL COPPIES MUST BE LEGIBLE, PLEASE TYPE

State of Wisconsin Department of Natural Resources Bureau of Waste Management Box 8094 Madison, WI 53708

EPA Region 5 Records Ctr. 936576

FOR DNR USE ONLY

Form designed for use on elite (12-pitch) typewriter.				r	orm Approve	d. OMB No. 2050-0039					
UNIFORM HAZARDOUS WASTE MANIFEST	1. Generator's US EP	1. Generator's US EPA ID No. TIVE COURS 390 Manifest Document No.									
3. Generator's Name and Mailing Address 77 WEST JACK SON BLUD. CHICAGO, Tr. GOGOY		responsive	on- esp onsi	A. State Manifest Document Number WI B. State Generator's ID							
4. Generator's Phone (312) 353-231 5. Transporter 1 Company Name	, 6. , J	US EPA ID Number 10988566 5	~	C. State Transporter's ID							
7. Transporter 2 Company Name		US EPA ID Number	73	D. Transporter's Phone E. State Transporter's ID							
9. Designated Facility Name and Site Address of the State		US EPA ID Number		1 Clock							
1275 MINERAL SPRINGS DE PORT WASHINGTON, N. I.	, MI	09885665	73								
11 US DOT Description (Including Proper S.	hipping Name. Hazard Cl	ass, and ID Number)	12. Conta								
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C.		1 1									
R d.					 	100					
J. Additional Descriptions for Materials Listed Above A: PROFILE 86022 MC-DE-RE RG # 171					K. Handling Codes for Wantes Listed Above						
15. Special Handling Instructions and Addition Weights: 2294, 2454,	2434, 1784,a	100#) ER	· CONT	Act A	1020862392						
237#,215#											
shipping name and are classified, packed, plicable international and national gover sources. If I am a large quantity generator degree I have determined to be economic	GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations and according to the requirements of the Wisconsin Department of Natural Resources. If I am a large quantity generator, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment;										
	OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.										
Printed Typed Name & Position Title	P OSC Sig	gnature () a /	tu, =	1)u		Date Month Day Year On On Garage					
17. TRANSPORTER 1 Acknowledgement of Printed/Typed Name & Position Title 18. TRANSPORTER 2 Acknowledgement of Printed/Typed Name & Position Title 2.16. TRANSPORTER 2 Acknowledgement of Printed/Typed Name & Position Title		gnature		/	P	Date Month Day Year					
18. TRANSPORTER 2 Acknowledgement of Receipt of Materials Printed/Typed Name & Position Title Signature Signature				Date Month Day Year Del 17 17 17 17							
19. Discrepancy Indication Space	1,000				<u>ا مینند بنیاوی بنیاوی ب</u>						
A CILITY OWNER OR ODERATOR: C	0. FACILITY OWNER OR OPERATOR: Certification of receipt of hazardous materials covered by this manifest except as										
noted in Item 19.			7.0.0d by t			Date Vers					
Y Printed/Typed Name & Position Title Option SRAW, J	DOU'D BRAUN SUPERVISOR NOW B					Month Day Year OP107121001					
EPA Form 8700-22 (Rev. 9-88) Previous editions	are obsolete. Copy		enerator sen enerator reti			- Facility retain - Facility send to Generator					

- 5 Facility send to Generator6 Transporter retain

SEE INSTRUCTIONS ON REVERSE SIDE OF COPY 6.

WISCONSIN DEPT OF NATURAL RESOURCES

STATE OF WISCONSIN Chapter 291, Wis. Stats. Form 4400-660

Rev. 1-99

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State of Wisconsin Department of Natural Resources Bureau of Waste Management Box 8094 Madison, WI 53708

FOR	DNR	USE	ONLY

For	m designed for use on elite (12-pitch) typewriter.						Form	Approv	ed. Ol	MB No.	2050-	0039		
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	3. Generator's Name and Mailing Address 77 WEST JACK SON BLUE. CHICAGO, J. GOGOY Site Location If Difference of the Control					A. State Manifest Document Number W. K. State Generator's ID								
	4. Generator's Phone (3/2) 353-2318 5. Transporter 1 Company Name	4. Generator's Phone (312) 353-2318				C. State Transporter's ID								
	Superior Special Services	WI098856	D. Transporter's Phone											
	7. Transporter 2 Company Name	8. US EPA ID Number 10. US EPA ID Number WI0988566543				E. State Transporter's ID								
	9. Designated Facility Name and Site Address					F. Transporter's Phone G. State Facility's ID								
	1275 MINIGRAL SPRINGS OF					H. Facility's Phone -8900								
	Most Washington, NI. 5	3074												
	11. US DOT Description (Including Proper Shi				No.	Туре	Qua	13. otal intity	14. Unit Wt/Vol	I .	I. z No.			
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	J. Additional Descriptions for Materials Listed	Above	- 00 # 10-	<u>_</u>		K. H	andlin	Codes	or Wa	etes Lie	ted A	bove		
	J. Additional Descriptions for Materials Listed Above A: PROFILE 86022 MC-DE-RE RG # 171 L. # 1820261702													
	15 Special Handling Instructions and Additional Information													
	1/10/0KT) - 2/94 2/1/5/ 2/424 1mg/2/2014													
	237#,215#,219#, \$ DOCUMENT 1020261702													
	16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations and according to the requirements of the Wisconsin Department of Natural Resources. If I am a large quantity generator, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment;													
	OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste ger select the best waste management method that is available to me and that I can afford.													
	Printed/Tymed Name & Position Title		Signature a 1tm, =					Month	Date th Day Year					
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POR	18. TRANSPORTER 2 Acknowledgement of Receipt of Materials						<i></i>			Date				
TRANSPORTER	Printed/Typed Name & Position Title Signature			ار مام					Month	Day ∪ 17 /	Yea:	r 2.J		
<u> </u>	19. Discrepancy Indication Space	<u> </u>	S. J.						<u> </u>	!!_	<u> </u>	1/ /		
F A C I														
I	20. FACILITY OWNER OR OPERATOR: Certification of receipt of hazardous materials covered by this manifest except as													
L I T	noted in Item 19.				· · ·	٠.				Date				
Y	Printed/Typed Name & Position Title Option SRAU, J Sy	CATIONS PERVISOR	Signature	ul	Bre	Elin)_		Month Op2	. نصف	7 <u>()</u> 7			
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Telephone Number: (800) 943-0003

and Spill Reporting

COPY 5-

3 - Facility send to Wis. DNR Copies 1 & 3 mail to Wis. DNR at above address. 5 - Facility send to Generator
6 - Transporter retain